

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	216/01
FORMALITY REVIEW	TH	953	02-23-01
RESPONSE FORMALITY REVIEW	n	905	5/27/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	
2	
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4	
5	
6	
7	✓
8	✓
9	✓
10	0
11	0
12	0
13	✓
14	
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	0
25	0
26	0
27	✓
28	
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
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36	✓
37	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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